# 2. Project Implementation and Referral Network/Surveillance Activities

Record ID _____

Name of Recipient Organization: _____

**FORM 2.) PROJECT IMPLEMENTATION AND REFERRAL NETWORK/ SURVEILLANCE ACTIVITIES (PROJECT PARTNER/HEALTHCARE FACILITY/LABORATORY LEVEL)**

**The following questions are related to project implementation with partners as well as referral network and surveillance practices at EACH hospital, health care facility (HCF) and/or laboratory that is participating in this organization's Global AR Lab & Response Network project. Please complete one form per partner, HCF/hospital, and/or laboratory. Recipients with projects in multiple countries or engaged with multiple partners or HCFS/hospitals/laboratories will be asked to specify country and partner/facility name on each form.**

Name of partner* or project site (HCF or laboratory):
*We are defining "partner" broadly to include partners [pilot_recipname] regularly collaborates with or engages aspart of the activities for this project. This can include national and sub-national level government ministries; individual healthcare facilities, hospitals and/or individual laboratories; academic partners; other non-governmental organizations (NGOs); etc.). _____

Is this partner a laboratory or HCF/hospital with lab?
◯ Yes
◯ No

2. Select the option that best describes this partner:
◯ Government ministry (national or sub-national)
◯ Private Industry
◯ Academic Institution
◯ NGO
◯ Other (specify): _____

2. Select the option that best describes the laboratory or healthcare facility site:
◯ State or provincial level
◯ District, town or local level site
◯ Other (specify): _____
(If unknown, enter 'N/A')

3. Partner or laboratory/HCF location (e.g., name of district/province, etc.): _____
(If none or unknown, enter 'N/A')

4. Country:

_____
(If none or unknown, enter 'N/A')

5. List project contribution(s) from this partner and/or laboratory site:

(e.g., equipment and supplies procured; trainings provided; isolates collected and submitted; etc.)

_____
(If none or unknown, enter 'N/A')

## SECTION 1: PROJECT IMPLEMENTATION PHASE

6. Select the implementation phase that best describes the project as it currently stands with this partner or site:

- ◯ Exploration
- ◯ Initiation
- ◯ Initial Implementation
- ◯ Full Implementation
- ◯ Expansion/Scale-Up
- ◯ Reduction/Scale Down

a. Exploration - Engaging stakeholders to identify 1. need(s); and 2. appropriate steps to address gaps or enhance activities

b. Initiation - Project planning; consensus reached with stakeholders regarding project sites, objectives, and activities, as well as timeline for implementation

c. Initial Implementation - Beginning stages of project implementation at selected sites including:

Collection of baseline data; Establishing new practices/protocols; Supply/equipment procurement; Recruitment/hiring of locally based staff; etc. d. Full Implementation - Majority of project activities have been rolled out and routinely monitored

e. Expansion/Scale-Up - Increasing the number of sites targeted for project activities

f. Reduction/Scale Down - Decreasing the number of sites targeted for project activities or scaling down scope of activities

Please use this space to provide any additional context or information about project implementation phase with this partner or site.

_____

## SECTION 2: LABORATORY NETWORK ACTIVITIES (only for lab or HCF/hospital level sites)

7. Does this site participate in a laboratory network or referral network?

- ◯ Yes
- ◯ No
- ◯ Don't Know
- ◯ Does not apply

8. Has this site agreed to (or is it required to) submit or forward isolates?

- ◯ Yes
- ◯ No
- ◯ Don't Know
- ◯ Other (specify): _____

9. Which of the following testing methods are routinely performed at this laboratory or HCF site? (Select all that apply)

- ☐ Culturing
- ☐ Antimicrobial Susceptibility Testing (AST) (e.g., e test, disk diffusion, broth microdilution)
- ☐ Phenotypic Testing (e.g., MALDI-TOF, Vitek2, API, etc.)
- ☐ Genotypic Testing/ Polymerase chain reaction (PCR) - Describe test methods, including targets and any automated platforms
- ☐ Sequencing (e.g., WGS, short-read Illumina, long-read ONT, direct amplicon sequencing, NGS, etc.)
- ☐ Other (specify): _____
- ☐ Unknown
- ☐ None of these

a. Culturing

i. Testing methods performed

_____

ii. Total testing volume (during current budget period):

_____

iii. Total number of personnel that received training in culturing: _____

b. Antimicrobial Susceptibility Testing (AST and AFST) (e.g., e test, disk diffusion, broth microdilution)

i. Testing methods performed

_____

ii. Total testing volume (during current budget period):

_____

iii. Total number of personnel that received training in culturing: _____

c. Phenotypic Testing (e.g., MALDI-TOF, Vitek2, API, etc.)

i. Testing methods performed

_____

ii. Total testing volume (during current budget period):

_____

iii. Total number of personnel that received training in phenotpyic testing (during current budget period):

_____

d. Genotypic Testing/ Polymerase chain reaction (PCR) - Describe test methods, including targets and any automated platforms

i. Testing methods performed, including targets and any automated platforms

_____

ii. Total testing volume (during current budget period):

_____

iii. Total number of personnel that received training in this testing method:

_____

e. Sequencing (e.g., WGS, short-read Illumina, long-read ONT, direct amplicon sequencing, NGS, etc.)

i. Testing methods performed, including targets and any automated platforms

_____

ii. Total testing volume (during current budget period):

_____

iii. Total number of personnel that received training in this testing method:

_____

iv. Total numbe rof personnel trained to perform bioinformatics analysis of WGS data:

_____

v. Describe the bioinformatics pipelines being utilized to analyze data:

_____

f. Other Testing Method

i. Testing methods performed

_____

ii. Total testing volume (during current budget period):

_____

iii. Total number of personnel that received training in this testing method:

_____

10. Does this site have a program or any activities that focus on retaining staff with institutional and technical knowledge once they are trained on any of the testing methods listed previously?

- ◯ Yes
- ◯ No
- ◯ Don't Know
- ◯ Does not apply

10.a. If yes, please describe:

_____

11. Describe how laboratory data and results are managed and what platform (e.g., Laboratory Information Management System (LIMS), etc.) is used for data management at this laboratory/facility.

Where applicable, describe data management in the field or at point of collection (e.g., environmental surveillance sites, etc.) as well as in the lab.

_____

Thank you for completing this form. Please be sure that Form 1 is completed as well.

For any assistance, please email GARLRN@cdc.gov.